NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: _9/030,838_

Total Fee Calculation

	Fee Code Sm./Lg.	Total # Claims	Number Extra	X	Fee Sm. Entity	Fee = Lg. Entity	Total
Basic Filing Fee	201/101				___	790	790
Total Claims >20	203/103	26 -20 =	6	X	___	132	132
Independent Claims >3	202/102	10 -3 =	7	X	___	574	574
Mult. Dep Claim Present	204/104						
Surcharge	205/105				___	130	130
English Translation	139						
							1626

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = $ _1626_

Less Filing Fees Submitted - $ _____

BALANCE DUE = $ _1626_

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 5/97)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 1997

Application or Docket Number 9/030,832

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)	SMALL ENTITY TYPE [ ] RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE				395.00	OR		790.00
TOTAL CLAIMS	26 minus 20 =	* 6	x$11=		OR	x$22=	132
INDEPENDENT CLAIMS	10 minus 3 =	* 7	x41=		OR	x82=	574
MULTIPLE DEPENDENT CLAIM PRESENT			+135=		OR	+270=	—
			TOTAL		OR	TOTAL	1496

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	*	Minus **	=	x$11=		OR	x$22=	
Independent	*	Minus ***	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+135=		OR	+270=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total	*	Minus **	=	x$11=		OR	x$22=	
Independent	*	Minus ***	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+135=		OR	+270=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total	*	Minus **	=	x$11=		OR	x$22=	
Independent	*	Minus ***	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+135=		OR	+270=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.